**Payment to Agency Report**

**1. Agency Name**
Mayor and Council Office

**Division, Department, or Region (if applicable)**
Councilmember of District 4

**Street Address**
200 E. Santa Clara St, San Jose CA 95113

**Area Code/Phone Number**
408-535-4904

**Agency Contact (name and title)**
Councilmember Lan Diep

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>□ Individual</th>
<th>☐ Other</th>
<th>Name</th>
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<tr>
<td></td>
<td></td>
<td>Santa Clara Valley Transportation Authority</td>
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**Address**
3331 North First Street, San Jose, CA 95134

**City**
San Jose

**State**
CA

**Zip Code**
95134

VTA provides bus, light rail, and paratransit services.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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**3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**

**3.1 (a) Travel Payment**

- **Location of Travel**
  - Atlanta, Georgia

- **Transportation Provider**
  - Delta

- **Dates (month, day, year)**
  - October 7-11, 2017

- **Transportation expenses**
  - $844.00

- **Lodging expenses**
  - $638.40

- **Meal expenses**
  - $850.00

- **Name of Lodging Facility**
  - Hyatt Regency Atlanta

- **Travel Dates**
  - October 7-11, 2017

- **Transportation Expenses**
  - $2,332.40

- **Other Expenses**
  - $2,332.40

**3.2. Payment Description.** Provide a specific description of the payment and its agency purpose and use.

Registration cost- 2017 Annual Meeting & EXPO-Early -$850.00
Flight- Delta Airlines - $638.40
Lodging- Hyatt Regency Atlanta- $844.00 (not including taxes and fees)

**3.3. Identify the officials who used the payment in Section 3.1.**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
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</thead>
<tbody>
<tr>
<td>Diep</td>
<td>Lan</td>
<td>Councilmember</td>
</tr>
</tbody>
</table>

**Mayor & Council Offices**

<table>
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<tr>
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<tr>
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<td>Councilmember</td>
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</tbody>
</table>

4. **Verification**

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

**Signature**
Lan Diep

**Print Name**
Councilmember

**Date**
09/01/17

**Comment:**
(Use this space or an attachment for any additional information)